

REQUEST FOR EMERGENCY VISITATION TRAVEL ORDERS

(Read Privacy Act Statement on page 4 before completing form)

PART A - Sponsor's Information

Name (Last/First/MI):

SSN:

Current Pay Plan/Series/Grade:

Position Title:

Current Organization:

ZIP Code/APO:

Duty Phone:

Home Phone:

E-mail

Place of: Hire/Home of Record (include City and State):

Alternate Destination(s) (See Note 2):

Employee's Dates of Travel Depart:

Return:

PART B - Traveling Family Member(s) Information (If Applicable)

Family Member Travel: From:

To:

(OCONUS location)

(City & State)

Family Member Name (Last, First, MI)	Date of Birth	Relationship	Travel Dates (Depart/Return)

PART C - EVT for Medical Reason

Immediate Family Member for which Emergency Exists:

Spouse Parent Child Parent of Spouse

Supporting Documentation

a. Name and address of ailing/injured family member

b. Name, address and phone number of attending physician or hospital (attach written documentation from physician or hospital of nature of illness or injury)

c. Name, address, phone number and relationship of person to be contacted in connection with the emergency.

PART D - EVT for Family Member's Death

Immediate Family Member for which Emergency Exists:

- Spouse Parent Child Parent of Spouse
 Child of Spouse Brother or Sister Brother or Sister of Spouse

Supporting Documentation

a. Address of place which emergency exist.

b. Name, address, phone number and relationship of person to be contacted in connection with the emergency.

c. Death certificate or other supporting documentation.

PART E - EVT for Incapacitated Parent

Supporting Documentation

a. Name and address of incapacitated mother/father/stepparent.

PART F - Mod of Travel

Government:

I request Government transportation and understand that I must report to TMO to make travel arrangements.

Privately Owned Vehicle (POV):

I am requesting orders for OCONUS travel and will use my POV for this purpose.

Commercial:

I request commercial transportation. I understand that reimbursement is limited up to the current official government rate and only when ticket(s) are purchased from the following sources and under conditions stated below.

a. The Commercial Ticketing Office (CTO).

b. When the services of the CTO are not reasonably available, then ticketing arrangements may be secured from a branch office or general agent of an American flag carrier. Traveler must demonstrate, by written documentation from the CTO, to the servicing finance office that the services of the CTO were not reasonably available.

c. When the services of the CTO are not reasonably available and ticketing arrangements cannot be secured from a branch office or general agent of an American flag carrier, the use of travel agents not under contract of the U.S. Government is authorized. Traveler must demonstrate, by written documentation from the CTO, to the servicing finance office that the services of the CTO were not reasonably available and the ticketing arrangements could not be secured from a branch office or general agent of an American flag carrier.

PART G - Employee Certification and Supervisor Approval

Employee Certification:

I certify that the information provided in this request is correct and complete to the best of my knowledge.

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____
(Supervisor's or Branch Head Printed Name & Signature)

AC/S or Division Head's Approval: _____ Date: _____

PART H - CHRO Certification (CHRO/HRO Personnel Use Only)

Red Cross Case # _____ Immediate family member verified: _____

Serious illness or injury, or death of immediate family member verified: _____

Remarks:

Travel Clerk's Signature: _____ Date: _____

Approving Official (AO): _____ Date: _____

PART I - Fund Certification (G-1 Budget Execution Activity Use Only)

Travel Order Number (TON): _____

LOA: AA17 _____ 1106.BSS1 210 67400 067443 2D 0 _____ M67400 _____

Per Diem: _____ Travel: _____

Budget Execution Activity Signature: _____ Date: _____

NOTES TO REQUEST FOR TRAVEL ORDERS

Note 1: Leave Status during Absences from Duty:

You must have approved leave prior to requesting EVT orders. You may be entitled to use home leave or be in a leave with or without pay status. You will be authorized leave-free travel from the date you start travel to the U.S. and on the date you start your return travel to the OCONUS permanent duty station. A copy of your approved leave request SF 71 must be attached to this request.

Note 2: Alternate Point Destination:

The employee or family member is authorized to perform EVT to a destination (other than the employee's actual residence) in the U.S. or the country of the employee's actual residence. The alternate destination must be determined in advance of travel and stated in the travel order. EVT reimbursement to an alternate destination shall not exceed the amount allowed from the OCONUS permanent duty station to the employee's actual residence/home of record in the U.S., and return to the OCONUS permanent duty station. Excess costs to an alternate destination will be the responsibility of the employee.

Note 3: Reimbursement for Travel at Personal Expense:

Reimbursement is limited to the cost of transportation procured or that would have been procured through a CTO as required in JTR Vol II, para. C2203. Reimbursement is not authorized for transportation on a non-certified (i.e., foreign flag) air carrier unless a U.S. flag air carrier is or was not available as indicated in JTR Vol II, para. C2204-C.

Note 4: Allowable Transportation Expenses:

Reimbursement is authorized only for air transportation and ground transportation between interim airports (e.g., between Narita and Haneda airports in Tokyo since they are interim airports and the cost is part of the overall transportation cost). Reimbursement for ground transportation from PDS or home (or destination) to airport is not authorized.

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 5 U.S.C. § 1302, 2951, 3301, 3372, 4118, 8347, and Executive Orders 9397, 9830, and 12107

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents and as a supporting authorization for cash payment of travel and transportation allowances for U.S. Civilian employees.

ROUTINE USE(S): To various officials outside the Department of Defense (DoD) specifically identified as a Routine Use in Privacy Act System of Records Notice the Office of Personnel Management (OPM) for the stated specific purpose of that Routine Use. Additionally, information may be shared outside the DoD pursuant to the blanket routine uses established by the Department of Defense Privacy Office that apply to all DoD Privacy Act Systems of Records and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, it may cause delay in the process of your request.